

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **September 16th through 30th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 9/27/02		3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          SEP 27 2002          STATE CLEARING HOUSE       </div>		OMB Approval No. 0348-0043	
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Applicant Identifier SEP 27 2002		State Application Identifier		Federal Identifier			
5. APPLICANT INFORMATION											
Legal Name: American Lung Association of San Diego & Imperial Counties						Organizational Unit: San Diego and Imperial County					
Address (give city, county, State, and zip code): 2750 Fourth Avenue San Diego, CA 92103						Name and telephone number of person to be contacted on matters involving this application (give area code): Jan Cortez (619) 297-3901					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1644627						7. TYPE OF APPLICANT: (enter appropriate letter in box)					
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):						A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Not-for-Profit</u>					
						9. NAME OF FEDERAL AGENCY: U.S. EPA, Region IX					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606						11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Indoor Air Quality in Schools					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, Imperial County											
13. PROPOSED PROJECT						14. CONGRESSIONAL DISTRICTS OF:					
Start Date 11/01/02		Ending Date 10/31/03		a. Applicant 49th & 52nd		b. Project 49th-52nd					
15. ESTIMATED FUNDING:						16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal		\$ 15,000				a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:					
b. Applicant		\$				DATE 9/27/02					
c. State		\$				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372					
d. Local		\$				<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
e. Other		\$				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?					
f. Program Income		\$				<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
g. TOTAL		\$ 15,000									
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.											
a. Type Name of Authorized Representative Janie Davis				b. Title President & CEO				c. Telephone Number (619) 297-3901			
d. Signature of Authorized Representative <i>Janie Davis</i>								e. Date Signed 9/27/02			

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> July 19, 2002	Applicant Identifier 06CT4 13700 201
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>5. APPLICANT INFORMATION</b> Legal Name: City of Fresno Address (give city, county, State, and zip code): 2326 Fresno Street, Room 101 Fresno, CA 93721-2224		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier 06CT4 13700 201	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 94-6000338		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ <input checked="" type="checkbox"/> C	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> 1443 National Park Service	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-919 TITLE: Urban Park and Recreation Recovery		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Fink-White Playground Rehabilitation & Expansion of Recreational Opportunities	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Fresno			
<b>13. PROPOSED PROJECT</b> Start Date: 10/2002 Ending Date: 06/2003		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 20 b. Project: 20	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> <input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8-16-02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ 285,073.00 b. Applicant \$ _____ c. State \$ 47,174.00 d. Local \$ 75,000.00 e. Other \$ _____ f. Program Income \$ _____ g. TOTAL \$ 407,247.00		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Ronald P. Primavera		b. Title Parks and Recreation Director	
c. Telephone Number (559) 621-2909		d. Signature of Authorized Representative <i>R. Primavera</i>	
e. Date Signed 7/15/02			

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

# DOT



# FTA

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

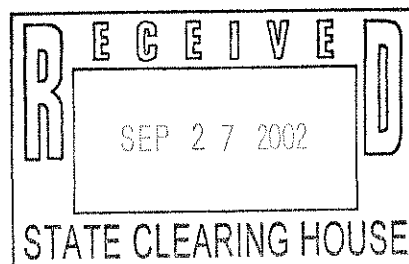
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-90-Y011-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Capital Assistance

### Part 1: Recipient Information

Project Number:	CA-90-Y011-03
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

### Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,820,739
Project Number:	CA-90-Y011-03	Adjustment Amt:	\$0
Project Description:	Capital Assistance	Total Eligible Cost:	\$2,657,544
Recipient Type:	Transit Authority	Total FTA Amt:	\$2,126,035
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$531,509
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award		

		Special Cond Amt:	\$0
Fed Dom Asst. #:	20507		
Sec. of Statute:	5307	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	Aug. 01, 2002 - Dec. 31, 2003	S.C. Eff. Date:	None Specified
Recvd. By State:	Sep. 09, 2002	Est. Oblig Date:	None Specified
EO 12372 Rev:	YES	Pre-Award Authority?:	Yes
Review Date:	Aug. 30, 2002	Fed. Debt Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 05, 2001		
Program Page:	RIV010514,SBD990602		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELES, CA
60420	RIVERSIDE-SAN BERNARDINO, CA

### **Congressional Districts**

State ID	District Code	District Official
6	28	David Dreier
6	30	Xavier Becerra
6	31	Hilda L Solis
6	33	Lucille Roybal-Allard
6	41	Gary G Miller
6	42	Joe Baca
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	27	Adam Schiff
6	29	Henry A Waxman
6	34	Grace F Napolitano
6	38	Steve Horn

# DOT



# FTA

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

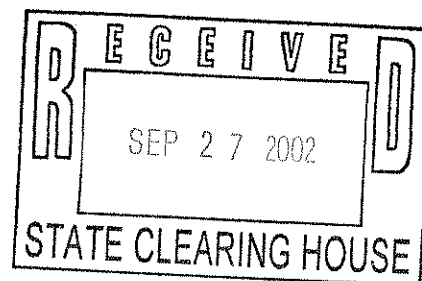
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-03-0552-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Rehab track, signals, facilities, r

### Part 1: Recipient Information

Project Number:	CA-03-0552-03
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

### Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$9,647,722
Project Number:	CA-03-0552-03	Adjustment Amt:	\$0
Project Description:	Rehab track, signals, facilities, r	Total Eligible Cost:	\$9,647,722
Recipient Type:	Transit Authority	Total FTA Amt:	\$7,718,177
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Joanna Capelle	Total Local Amt:	\$1,929,545
New/Amendment:	Amendment	Other Federal Amt:	\$0



Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:	Sep. 11, 2002	Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Aug. 30, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan):	Jan. 11, 2002		
Program Page:	990602, ORA37111		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

### Urbanized Areas

UZA ID	UZA Name
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60420	RIVERSIDE-SAN BERNARDINO, CA

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State ID	District Code	District Official
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6	39	Edward Royce
6	46	Loretta L Sanchez
6	47	Christopher Cox
6	48	Darrell Issa
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
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6	29	Henry A Waxman

# DOT



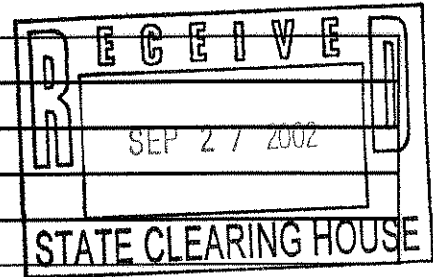
# FTA

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-03-0552-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Rehab track, signals, facilities, r



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Project Number:	CA-03-0552-03
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Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

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Recipient Contact:	Joanna Capelle	Total Local Amt:	\$1,929,545
New/Amendment:	Amendment	Other Federal Amt:	\$0

Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	Special Condition:	None Specified
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Aug. 30, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002		
Program Page:	990602, ORA37111		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

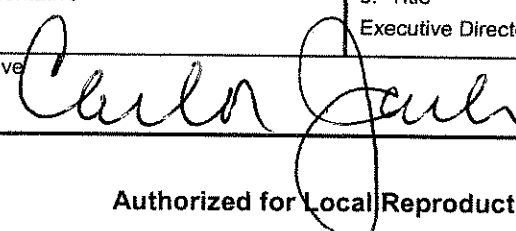
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6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		September 17, 2002	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
County of Los Angeles		Community Development Commission, Preservation Unit	
Address (give city, county, state and zip code):		Name and telephone of the person to be contacted on matters involving this application (give area code)	
2 Coral Circle Monterey Park, CA 91755 Los Angeles County		Taufic K. Syed Rushdy, Director (323) 890-7230	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">5</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">3</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">7</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">7</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">7</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">5</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">6</div> </div>			
8. TYPE OF APPLICATION		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		<div style="border: 1px solid black; padding: 2px; text-align: center; width: 30px; float: right;">C</div>	
If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO.		9. NAME OF FEDERAL AGENCY:	
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">6</div> </div>		Federal Aviation Administration	
TITLE: AIRPORT IMPROVEMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):		Implement a FAR Part 150 Noise Compatibility Program for the County of Los Angeles. Voluntary acoustical treatment of approximately 196 residential units within the 65 dB or greater Community Noise Equivalent Level.	
Lennox CDP, Los Angeles County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date		
2003	2005		
		a. Applicant	
		Congressional District 31	
		b. Project	
		Congressional District 35	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	6,285,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	.00	DATE: September 11, 2002	
c. State	.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	1,571,250.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	.00		
f. Program Income	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	7,856,250.00	<input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative		b. Title	c. Telephone
CARLOS JACKSON		Executive Director	(323) 890-7400
d. Signature of Authorized Representative		e. Date Signed	
		September 17, 2002	

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Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/26/02	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: South Coast RC&D		Organizational Unit:	
Address (give city, county, state, and zip code) 4500 Glenwood Drive, Building D Riverside, CA 92501		Name and telephone number of person to be contacted on matters involving this application (give area code) Edward M. Umbach 909-682-3956	
6. EMPLOYER IDENTIFICATION (EIN): 33-0820545		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) non-profit	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: USDA/NRCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-901		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Providing educational opportunities relating to soil erosion to underserved youth in Los Angeles.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Los Angeles		13. PROPOSED PROJECT	
Start Date 9/30/02		Ending Date 12/30/02	
a. Applicant South Coast RC&D		b. Project NRPYA	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 100,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/26/02	
b. Applicant	\$	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. Total	\$ 100,000.00	a. Type Name of Authorized Representative Marty Leavitt	
b. Title President		c. Telephone Number (909) 682-3956	
d. Signature of Authorized Representative Robert D. Whelan for Marty Leavitt		e. Date Signed 9-26-02	

APPLICATION FOR  
FEDERAL ASSISTANCETo: California  
clearinghouse  
Fax: 916-323-3018

1-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION Legal Name: County of San Diego Address (give city, county, State, and zip code): 5201 Ruffin Road, Suite B San Diego CA 92123		Organizational Unit: Department of Planning & Land Use Name and telephone number of person to be contacted on matters involving this application (give area code): 619-441-4264 Tom Oberbauer (858) 694-3200		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 96-6000934		7. TYPE OF APPLICANT: (enter appropriate letter in box) 3701 A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-461		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ramona Vernal Pool Study	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ramona		13. PROPOSED PROJECT Ramona Vernal Pools		14. CONGRESSIONAL DISTRICTS OF: 52 - Duncan Hunter		15. ESTIMATED FUNDING:	
a. Federal		\$ 75,000.00		b. Applicant		\$ 25,000.00	
c. State		\$ .00		d. Local		\$ .00	
e. Other		\$ .00		f. Program Income		\$ .00	
g. TOTAL		\$ 100,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		<input type="checkbox"/> Yes If "Yes," attach an explanation.		<input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative GARY PRYOR, Director		b. Title Planning & Land Use		c. Telephone Number (858) 694-2962		d. Signature of Authorized Representative	
e. Date Signed 2-12-02		f. Date Signed		g. Date Signed		h. Date Signed	

To: California  
clearinghouse  
Fax: 916-323-3018

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED	Applicant
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		02/22/02	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Ap
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal I
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
ALBA-Agricultural Land-Based training Assoc.			
Address (give city, county, state, and zip code):		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
P.O. Box 5415 Salinas, CA 93915		Patrick Troy 831/758-3665 (fx) 831/758-1469	
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter here)	
77-0566055		A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): <u>non-profit</u>	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
66-604		Minority Farmer Organic Nutrient Management for Reduction of Nitrate Leaching in the Salinas Valley	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          SEP 2 2002          STATE CLEARINGHOUSE       </div>	
Salinas, California (Monterey Co.)			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	
8/01/02	7/31/03	Congressman Sam Farr 17th	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 20,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:	
b. Applicant	\$	DATE _____	
c. State	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO	
g. TOTAL	\$ 20,000	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative:		b. Title:	c. Telephone Number
Patrick Troy		Senior Agronomist	831/758-1469
d. Signature of Authorized Representative:		e. Date Signed	
		02/22/02	



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> September 23, 2002	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: MISSION SPRINGS WATER DISTRICT		Organizational Unit: SAME
Address (give city, county, State, and zip code): 66575 SECOND STREET DESERT HOT SPRINGS, CA 92240		Name and telephone number of person to be contacted on matters involving this application (give area code) JOHN SOULLIERE (760)329-6448, EXT 118

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 5 — 6 0 0 5 4 7 5           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>             A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District           </div> <div>             H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____           </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">G</div> </div>
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<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>D. Decrease Duration</div> <div>Other(specify): _____</div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> ECONOMIC DEVELOPMENT ADMINISTRATION
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 1 — 3 0 0           </div> TITLE: PUBLIC WORKS AND ECONOMIC DEVELOPMENT	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> "ECONOMIC ENHANCEMENT INFRASTRUCTURE PROJECT"  DEVELOPMENT OF WASTEWATER FACILITIES TO ENABLE ECONOMIC GROWTH.
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> RRIVERSIDE COUNTY AND CITY OF PALM SPRINGS, CA	
--	--

<b>13. PROPOSED PROJECT</b> Start Date: 10/1/03    Ending Date: 4/1/05	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 44TH b. Project: 44TH
---	--

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 2,600,000 <sup>00</sup> b. Applicant \$ <sup>00</sup> c. State \$ <sup>00</sup> d. Local \$ 3,600,000 <sup>00</sup> e. Other \$ <sup>00</sup> f. Program Income \$ <sup>00</sup> g. TOTAL \$ 6,200,000 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/23/02  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative REFUJO BOCANEGRA	b. Title GENERAL MANAGER	c. Telephone Number (760) 329-6448
d. Signature of Authorized Representative 		e. Date Signed 9-23-02

APPLICATION FOR  
FEDERAL ASSISTANCECalifornia  
clearinghouse  
fax: 916.323.3018

3-0043

## 1. TYPE OF SUBMISSION:

Application  
☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

## 2. DATE SUBMITTED

June 8, 2002

Appli

## 3. DATE RECEIVED BY STATE

State

## 4. DATE RECEIVED BY FEDERAL AGENCY

Fede

## 5. APPLICANT INFORMATION

Legal Name:

Pesticide Action Network North America

Organizational Unit:

Pesticide Database Program

Address (give city, county, State, and zip code):

49 Powell Street #500  
San Francisco CA 94102  
County of San Francisco

SEP 25 2002

Name and telephone number of person to be contacted on matters involving this application (give area code)

Susan Kegley 415-981-1771

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-2949686

STATE CLEARING HOUSE

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

## 8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration Other(specify):

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School Dist.

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify) non-profit

## 9. NAME OF FEDERAL AGENCY:

U.S. EPA Region IX

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

Regional Geographic Initiative -  
Ag Initiative

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Internet-based Database on  
Pesticides: Expanding Human  
and Ecosystem Toxicity Data

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

California and national

## 13. PROPOSED PROJECT

## 14. CONGRESSIONAL DISTRICTS OF:

Start Date

Ending Date

a. Applicant

b. Project

11-1-02

12-31-03

San Francisco

National &amp; California

## 15. ESTIMATED FUNDING:

a. Federal

\$

20,000<sup>00</sup>

b. Applicant

\$

00

c. State

\$

00

d. Local

\$

00

e. Other

\$

00

f. Program Income

\$

00

g. TOTAL

\$

20,000<sup>00</sup>

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative

Stephen Scholl-Buckwald

b. Title

Managing Director

RECEIVED

c. Telephone Number

415-981-1771

d. Signature of Authorized Representative

JUL 09 2002

e. Date Signed

June 8, 2002

APPLICATION FOR  
FEDERAL ASSISTANCECalifornia  
Clearinghouse  
Fax: 916 323 3018

1-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED July 19, 2002		Applic	
<input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE SEP 25 2002		State	
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Feder	
5. APPLICANT INFORMATION					
Legal Name: Canopy Institute			Organizational Unit: Enders Agency Hwa Working Group		
Address (give city, county, State, and zip code): 423 Washington St. 4th Floor San Francisco, San Francisco County, CA, 94111			Name and telephone number of person to be contacted on matters involving this application (give area code): Jamaica Maxwell (415) 421-4213 x104		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 91-2166435			7. TYPE OF APPLICANT: (enter appropriate letter in box)		
8. TYPE OF APPLICATION:			<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606			9. NAME OF FEDERAL AGENCY: U.S. EPA Region IX		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FAWG: Collaborating for a Healthier Food System		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date Aug 2002	Ending Date Dec 2003	a. Applicant District 8, California		b. Project AFI, California districts	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal US EPA	\$ 10,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$	DATE			
c. State	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 10,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Carin D'Oliva		b. Title Executive Director		c. Telephone Number 415 421 3444	
d. Signature of Authorized Representative Carin D'Oliva		e. Date Signed JUL 22 2002			

## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>1. TYPE OF SUBMISSION:</b> Non-Construction														
<b>2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):</b> 09/19/02	<b>3. DATE RECEIVED BY STATE:</b>	<b>STATE APPLICATION IDENTIFIER:</b>														
<b>2b. APPLICATION ID:</b> 03SR026235	<b>4. DATE RECEIVED:</b> 09/19/02	<b>GRANT NUMBER:</b>														
<b>5. APPLICATION INFORMATION</b>																
<b>LEGAL NAME:</b> LOS ANGELES DEPT OF REC AND PARKS  <b>ADDRESS (give street address, city, state and zip code):</b> 200 N Main St Los Angeles CA 90012		<b>NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):</b> <b>NAME:</b> Jacqueline M. Raycraft <b>TELEPHONE NUMBER:</b> 3234614364 <b>FAX NUMBER:</b> 3239931964 <b>INTERNET E-MAIL ADDRESS:</b> jraycraft@rap.lacity.org														
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 956000735		<b>7. TYPE OF APPLICANT:</b> 7a. Local Government - Municipal 7b. Local Government, Municipal														
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/>  A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration		<b>9. NAME OF FEDERAL AGENCY:</b> <b>Corporation for National and Community Service</b>														
<b>10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 94.002 <b>10b. TITLE:</b> Retired and Senior Volunteer Program		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> LOS ANGELES PARKS RSVP														
<b>12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):</b> Los Angeles communities served: Hollywood, Los Feliz, Crenshaw, Westchester, Miracle Mile, Hancock Park, Mid-City, Westlake, Koreatown, Baldwin Hills, Lennox, and the fall																
<b>13. PROPOSED PROJECT: START DATE:</b> 11/01/02 <b>END DATE:</b> 10/31/03		<b>14. PERFORMANCE PERIOD: START DATE:</b> <b>END DATE:</b>														
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">a. FEDERAL</td> <td style="width: 40%; text-align: right;">\$ 141,310.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 154,804.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 154,804.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 296,114.00</td> </tr> </table>		a. FEDERAL	\$ 141,310.00	b. APPLICANT	\$ 154,804.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 154,804.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 296,114.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 03-SEP-02
a. FEDERAL	\$ 141,310.00															
b. APPLICANT	\$ 154,804.00															
c. STATE	\$ 0.00															
d. LOCAL	\$ 0.00															
e. OTHER	\$ 154,804.00															
f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 296,114.00															
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																
<b>a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:</b> Manuel A. Mollinedo	<b>b. TITLE:</b> General Manager	<b>c. TELEPHONE NUMBER:</b> (213) 473-6833														
<b>d. DATE:</b> 09/19/02																

SEP 23 2002

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier  	

<b>5. APPLICANT INFORMATION</b> Legal Name: Bay Area Air Quality Management District Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, CA 94109		Organizational Unit:  Name and telephone number of the person to be contacted on matters involving this application (give area code) Peter Hess, Deputy Air Pollution Control Officer (415) 749-4971
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<b>6. EMPLOYER IDENTIFICATION (EIN):</b> 94-1622746	<b>7. TYPE OF APPLICANT: (enter appropriate letter here)</b> A. State      H. Independent School District B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify): _____
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award C. Increase Duration    D. Decrease Duration Other Specify: _____	<b>9. NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 6.6.0.0.1 <b>TITLE:</b> Air Pollution Program	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Air Pollution 105 Grant Support: Basic Grant: \$ 1,286,241 CAPCOA Pass-thru 287,764 <b>TOTAL GRANT REQUEST</b> \$ 1,574,005
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<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Counties of: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara and parts of Solano and Sonoma		<b>13. PROPOSED PROJECT:</b> <table style="width:100%;"> <tr> <td style="width:25%;">Start Date</td> <td style="width:25%;">End Date</td> <td style="width:25%;">a. Applicant</td> <td style="width:25%;">b. Project</td> </tr> <tr> <td>10/1/02</td> <td>9/30/03</td> <td>02</td> <td>04-13</td> </tr> </table>		Start Date	End Date	a. Applicant	b. Project	10/1/02	9/30/03	02	04-13
Start Date	End Date	a. Applicant	b. Project								
10/1/02	9/30/03	02	04-13								

<b>15. Estimated Funding:</b> <table style="width:100%;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:70%;">\$ 1,574,005.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 17,751,729.00</td> </tr> <tr> <td>c. State</td> <td>\$ 1,863,870.00</td> </tr> <tr> <td>d. Local</td> <td>\$ 13,466,000.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 1,076,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 35,731,604.00</td> </tr> </table>	a. Federal	\$ 1,574,005.00	b. Applicant	\$ 17,751,729.00	c. State	\$ 1,863,870.00	d. Local	\$ 13,466,000.00	e. Other	\$ 1,076,000.00	f. Program Income	\$	g. TOTAL	\$ 35,731,604.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORD 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 9/18/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 1,574,005.00														
b. Applicant	\$ 17,751,729.00														
c. State	\$ 1,863,870.00														
d. Local	\$ 13,466,000.00														
e. Other	\$ 1,076,000.00														
f. Program Income	\$														
g. TOTAL	\$ 35,731,604.00														

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>
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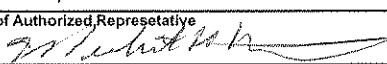
  

<b>a. Typed Name of Authorized Representative:</b> Ellen Garvey	<b>b. Title:</b> Air Pollution Control Officer	<b>c. Telephone Number (415):</b> 749-4970
<b>d. Signature of Authorized Representative:</b> 		<b>e. Date Signed:</b> 9/18/02

UDS Number: 090780

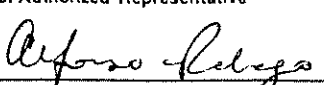
OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> August 13, 2002	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier H80CS001 H80CS00 MCIP
<b>5. APPLICANT INFORMATION</b> Legal Name: COMMUNITY MEDICAL CENTER Address (give city, county, state, and zip code): 701 EAST CHANNEL STREET PO BOX 779 STOCKTON CA 952010779 Name and telephone number of the person to be contacted on matters involving this: Michael H. Kirkpatrick Chief Executive Officer (209) 944-4705			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 1942437106A1		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <b>N</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual Other: Private Non-Profit (Specify)	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(e) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> HHS, BPHC	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 93.246 MIGRANT HEALTH PROGRAM 93.246 COMMUNITY HEALTH CENTERS 93.246		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Comprehensive Primary Care Migrant and Community Health Program.	
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.): 3, 4, 11			
<b>13. PROPOSED PROJECT:</b> Start Date: 12/01/2002 Ending Date: 11/30/2003		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 11 b. Project: 3, 4, 11	
<b>15. ESTIMATED FUNDING:</b> a. Federal: \$2,162,681.00 b. Applicant: \$0.00 c. State: \$1,392,642.00 d. Local: \$685,408.00 e. Other: \$422,953.00 f. Program Income: \$10,330,454.00 g. TOTAL: \$14,994,138.00		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCES</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/15/2002 b. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
		<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes", attach an explanation <input checked="" type="checkbox"/> NO	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Typed Name of Authorized Representative Michael H. Kirkpatrick		b. Title Chief Executive Officer	
c. Telephone Number (209) 944-4705		e. Date Signed 8/13/02	
d. Signature of Authorized Representative 			

# APPLICATION FOR FEDERAL ASSISTANCE

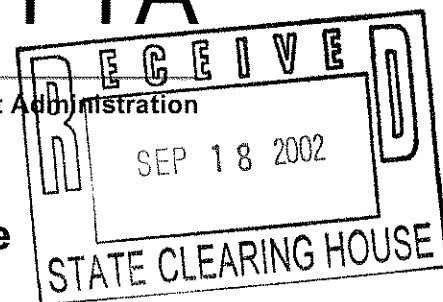
OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Biola Community Services District			Organizational Unit: N/A		
Address (give city, county, state, and zip code): P.O. Box 57 Biola, CA 93606 Fresno County			Name and telephone number of the person to be contacted on matters involving this application (give area code): Cheryl Bellvomini, Manager (559) 843-2657		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 4 - 2 4 8 9 0 8 9			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">G</span> A. State                      H. Independent School Dist. B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate               L. Individual F. Intermunicipal         M. Profit Organization G. Special District        N. Other (Specify): _____		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration    Other (specify) _____			<b>9. NAME OF FEDERAL AGENCY:</b> USDA Rural Development Rural Utilities Services		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 1 0 - 7 6 1 0 Water and Waste Disposal Loan and Grant TITLE: Program			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Biola Water Well #4		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> The area served by the Biola CSD in the City of Biola, Fresno County, CA					
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
Start Date	Ending Date	a. Applicant		b. Project	
11-02	02-03	19		19	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>9/17/02</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW			
a. Federal	\$ 649,800 .00	<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
b. Applicant	\$ 0 .00				
c. State	\$ 0 .00				
d. Local	\$ 0 .00				
e. Other	\$ 0 .00				
f. Program Income	\$ 0 .00				
g. TOTAL	\$ 649,800 .00				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>					
a. Typed Name of Authorized Representative		b. Title		c. Telephone number	
Alfonso Rabago		Board President		(559) 843-2657	
d. Signature of Authorized Representative				e. Date Signed	
				9-16-02	

**DOT****FTA**

U.S. Department of Transportation

Federal Transit Administration



## Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-90-Y218
Budget Number:	1 - Budget Pending Approval
Project Information:	Replace 40' CNG Buses; COP FY'03

### Part 1: Recipient Information

Project Number:	CA-90-Y218
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

### Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti



Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$22,024,917
Project Number:	CA-90-Y218	Adjustment Amt:	\$0
Project Description:	Replace 40` CNG Buses; COP FY'03	Total Eligible Cost:	\$22,024,917
Recipient Type:	City	Total FTA Amt:	\$17,550,900
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Gil Victorio 626.967.2274 x 234	Total Local Amt:	\$4,474,017
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	- Dec. 31, 2003	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES		
		Fed. Debt	

Review Date:	None Specified	Authority?:	No
Planning Grant?:	NO	Final Budget?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 31, 2003		
Program Page:	.		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

### Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES, CA

### Congressional Districts

State ID	District Code	District Official
6	28	David Dreier
6	31	Hilda L Solis
6	34	Grace F Napolitano
6	41	Gary G Miller

### Project Details

#### SERVICE DESCRIPTION:

Foothill provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 27 lines throughout the 21 cities in the Los Angeles County. The cities are Arcadia, Azusa, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina.

Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to Laidlaw Transit, Inc. and First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates  
One Mid America Plaza, Suite 401  
Oakbrook Terrace, IL 60181  
Tel. (630) 571-7070  
Fax (630) 571-6454

Laidlaw Transit Services

5360 College Blvd.  
 Suite 200  
 Overland Park, Kansas 66211  
 Tel. (800) 821-3451  
 Fax (913) 345-9974

First Transit, Inc.  
 705 Central Avenue  
 Suite 500  
 Cincinnati, OH 45202  
 Tel. (513) 241-2200  
 Fax (513) 381-0149

## Part 3: Budget

### Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	203	\$17,350,900	\$21,724,917
<u>ACTIVITY</u>			
11.12.01 FY03- COP PAYMENTS FOR BUSES; LA52402	160	\$5,167,900	\$6,459,917
11.12.01 BUY REPLACEMENT 40-FT BUS (CMAQ)	43	\$12,183,000	\$15,265,000
<u>SCOPE</u>			
119-00 BUS STOP ENHANCEMENTS, LA963526	0	\$200,000	\$300,000
<u>ACTIVITY</u>			
11.92.08 BUS STOP ENHANCEMENTS	0	\$200,000	\$300,000
Estimated Total Eligible Cost:			\$22,024,917
Federal Share:			\$17,550,900
Local Share:			\$4,474,017

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier
<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES		Organizational Unit: DEPARTMENT OF HEALTH SERVICES		
Address (give city, county, state, and zip code): 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320		Name and telephone number of the person to be contacted on matters involving this application (give area code) ROBIN R HOOK (916) 323-0871		
<b>6. EMPLOYER IDENTIFICATION (EIN):</b>  <u>68-0317191</u>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		<b>9. NAME OF FEDERAL AGENCY:</b> ENVIRONMENTAL PROTECTION AGENCY		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>66.471</u> TITLE: Operator Certification Expense Reimbursement Grants		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Drinking Water Operator Training & Certification Expense Reimbursement <div style="text-align: right;">  </div>		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b>  STATEWIDE				
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL</b> DISTRICT OF		
Start Date 01-01-03	End Date 6-30-08	a. Applicant: 1-45		b. Project: STATEWIDE
<b>15. Estimated Funding:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES</b>		
a. Federal	\$ 8,058,720	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>9/16/02</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$			
c. State	\$			
d. Local	\$			
e. Other	\$			
f. Program Income	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
g. TOTAL	\$ 8,058,720	<input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Typed Name of Authorized Representative: David Souleles, M.P.H.		b. Title: Chief Deputy Director Department of Health Services		c. Telephone Number (916) 653-9076
d. Signature of Authorized Representative				e. Date Signed

APPLICATION FOR  
FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant

Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 1. TYPE OF SUBMISSION:

☒ Application  
☒ Construction☐ Preapplication  
☐ Construction☒ Non-Construction☐ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

Antelope Valley Transit Authority

Organizational Unit:

STATE CLEARING HOUSE

Address (Give city, county, state, and zip code):

1031 West Avenue L-12  
Lancaster, CA 93524

Name and telephone number of the person to be contacted on matters involving this application (Give name and code):

Ron Cunningham  
661-726-2616 ext 209

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 - 4 3 7 7 1 1 9

## 9. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es): ☐ ☐A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (Specify):

## 7. TYPE OF APPLICANT: (Enter appropriate letter in box)

A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intrastate M. Profit Organization  
G. Special District N. Other (Specify):

## 8. NAME OF FEDERAL AGENCY:

U.S. Department of Transportation  
Federal Transit Administration

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

2 0 5 0 7

TITLE: Federal Transit--Formula Grants  
(Urbanized Area Formula Program)

## 12. AREAS AFFECTED BY PROJECT (State, counties, cities, etc.):

Antelope Valley portion of northern  
Los Angeles County, California

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Capital assistance for the purchase of 3  
over-the-road commuter coaches, 3 local  
transit buses, 1 support vehicle, on-board  
security camera system for each bus,  
maintenance/administration equipment, the  
COP (lease) payments, and construction of  
a maintenance & administration facility.

## 13. PROPOSED PROJECT:

Start Date

07-01-02

Ending Date

06-30-04

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

25

b. Project

25

## 15. ESTIMATED FUNDING:

a. Federal	\$ 10,592,735 .00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ 2,946,395 .00
e. Other	\$ .00
f. Program Income	\$ .00
g. TOTAL	\$ 13,539,130 .00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "yes," attach an explanation.

☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

## a. Typed Name of Authorized Representative:

William Budlong

## b. Title

Executive Director

## c. Telephone number

661-726-2616

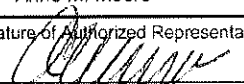
## d. Signature of Authorized Representative

## e. Date Signed

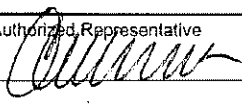
9/19/02

Previous Editions Not Usable

# Application for Federal Assistance

1. Type of Submission: Application: Construction Preapplication:		2. Date Submitted 11/15/02	Applicant Identifier	
		3. Date Received by State	State Application Identifier	
		4. Date Received by Federal Agency	Federal Identifier B-03-MC-06-0003	
5. Applicant Information				
Legal Name City of Sacramento		Organizational Unit Sacramento Housing and Redevelopment Agency		
Address 630 I Street Sacramento, CA 95814 Sacramento		Contact Christine Groth Weichert 916 440 1322		
6. Employer Identification Number (EIN): 946028238		7. Type of Applicant: Municipal		
8. Type of Application: Type: Continuation				
		9. Name of Federal Agency: U. S. Dept. of Housing & Urban Development		
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant		11. Descriptive Title of Applicant's Project: 2003 Community Development Block Grant Projects		
12. Areas Affected by Project: City of Sacramento				
13. Proposed Project:		14. Congressional Districts of:		
Start Date 01/01/03	End Date 12/31/03	a. Applicant 3rd, 4th, 5th, 11th		b. Project 3rd, 4th, 5th, 11th
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 12372 Process?		
a. Federal	\$7,095,000	Review Status: Program covered Date: 09/17/02		
b. Applicant	\$0			
c. State	\$0	17. Is the Applicant Delinquent on Any Federal Debt? No		
d. Local	\$0			
e. Other	\$0			
f. Program Income	\$1,774,767			
g. Total	\$ 8,869,767			
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.				
a. Typed Name of Authorized Representative Anne M. Moore		b. Title Executive Director		c. Telephone Number 916 440-1333
d. Signature of Authorized Representative 		e. Date Signed 09/16/02		

# Application for Federal Assistance

1. Type of Submission: Application: Construction Preapplication: Not Applicable		2. Date Submitted 11/15/02	Applicant Identifier CDBG 26
5. Applicant Information Legal Name County of Sacramento Address 630 I Street Sacramento, CA 95814 Sacramento		3. Date Received by State	State Application Identifier
		4. Date Received by Federal Agency	Federal Identifier B-03-UC-06-0005
6. Employer Identification Number (EIN): 96028238		7. Type of Applicant: County	
8. Type of Application: Type: Continuation		9. Name of Federal Agency: U.S. Dept. of Housing and Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.218 Assistance Title: Community Development Block Grant		11. Descriptive Title of Applicant's Project: 2003 Community Development Block Grant Projects	
12. Areas Affected by Project: County of Sacramento			
13. Proposed Project: Start Date 01/01/03 End Date 12/31/03		14. Congressional Districts of: a. Applicant 3rd, 4th, 5th, 11th b. Project 3rd, 4th, 5th, 11th	
15. Estimated Funding: a. Federal \$8,526,000 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other \$0 f. Program Income \$1,820,606 g. Total \$ 10,346,606		16. Is Application Subject to Review by State Executive Order 12372 Process? Review Status: Program covered Date: 09/17/02	
		17. Is the Applicant Delinquent on Any Federal Debt? No	
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative ANNE M. MOORE		b. Title Executive Director	c. Telephone Number 916 440-1333
d. Signature of Authorized Representative 		e. Date Signed 09/16/02	

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 09/13/2002	Applicant Identifier																					
		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier																						
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																								
Legal Name: Los Angeles Shanti Foundation, Inc.		Organizational Unit:																						
Address (give city, county, state, and zip code): 1616 N. La Brea Ave. Los Angeles, CA 90028		Name and telephone number of the person to be contacted on matters involving this application (give area code) Marc W. Hauptert, Executive Director (323) 962-8197																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 - 3 9 1 1 8 0 1		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">N</span>																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify): <u>Not-for-profit</u>																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE:		<b>9. NAME OF FEDERAL AGENCY:</b>																						
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Los Angeles County, California		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Sharing Lessons Learned from HIV Prevention Programs																						
<b>13. PROPOSED PROJECT:</b> Start Date    Ending Date 11/01/2002    06/30/2003		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    b. Project District 29    District 29																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%;">25,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>24,939.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>49,939.00</td> </tr> </table>		a. Federal	\$	25,000.00	b. Applicant	\$	.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	24,939.00	f. Program Income	\$	.00	g. TOTAL	\$	49,939.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	\$	25,000.00																						
b. Applicant	\$	.00																						
c. State	\$	.00																						
d. Local	\$	.00																						
e. Other	\$	24,939.00																						
f. Program Income	\$	.00																						
g. TOTAL	\$	49,939.00																						
<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg); display: inline-block;"> <b>SEP 16 2002</b> </div>																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
a. Typed Name of Authorized Representative Ximena Morgan		b. Title Assoc. Dir. Evaluation & Research																						
d. Signature of Authorized Representative		c. Telephone number (323) 962-8197																						
e. Date Signed 09/13/2002																								



Application for Federal  
Education Assistance (ED 424)

U.S.



Department of Education

Form Approved  
OMB No. 1875-0106  
Exp. 11/30/2004

**Applicant Information**

**1. Name and Address**

Legal Name: Willmore Urban Agency

Address: 507 Pacific Avenue

Long Beach  
City

CA  
State

Los Angeles  
County

90802  
ZIP Code + 4

Organizational Unit

2. Applicant's D-U-N-S Number      pending     

3. Applicant's T-I-N 9 5 - 4 5 7 5 5 2 0

4. Catalog of Federal Domestic Assistance #: 34 1 3 4 B

Title: Department of Education Mentoring Programs

5. Project Director Paula Ferris

Address: 507 Pacific Avenue

Long Beach CA 90802  
City State Zip code + 4

Tel. #: ( 562- ) 437-1289 Fax #: ( 562- ) 437 - 1710

E-Mail Address: revpaf@charter.net

**Application Information**

**9. Type of Submission:**

-PreApplication -Application  
Construction Construction  
Non-Construction ✓ Non-Construction

10. Is application subject to review by Executive Order 12372 process?  
x Yes (Date made available to the Executive Order 12372  
process for review): 7 / 2 / 2002

     No (If "No," check appropriate box below.)

     Program is not covered by E.O. 12372.

     Program has not been selected by State for review.

11. Proposed Project Dates: 10 / 1 / 02 9 / 30 / 05

Start Date:

End Date:

**Estimated Funding**

14a. Federal \$ 390,141.00  
b. Applicant \$       
c. State \$       
d. Local \$       
e. Other \$       
f. Program Income \$     

**TOTAL** \$ 390,141.00

6. Novice Applicant ✓ Yes      No

7. Is the applicant delinquent on any Federal debt?      Yes ✓ No  
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) I

A - State  
B - Local  
C - Special District  
D - Indian Tribe  
E - Individual  
F - Independent School District  
G - Public College or University  
H - Private, Non-profit College or  
I - Non-profit Organization  
J - Private, Profit-Making Organization

K - Other (Specify):

SEP 16 2002

12. Are any research activities involving human subjects planned at  
any time during the proposed project period?  
     Yes (Go to 12a.) ✓ No (Go to item 13.)

12a. Are all the research activities proposed designated to be  
exempt from the regulations?

     Yes (Provide Exemption(s) #):

     No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

Youth Mentoring Program in Long Beach, CA

**Authorized Representative Information**

15. To the best of my knowledge and belief, all data in this preapplication/application are true  
and correct. The document has been duly authorized by the governing body of the  
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.) Paula Ferris

b. Title: Executive Director

c. Tel. #: ( 562- ) 437-1289 Fax #: ( 562- ) 437 - 1710

d. E-Mail Address: revpaf@charter.net

e. Signature of Authorized Representative Paula A Ferris

Date: 7 / 2 / 02

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application      Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>10/30/2001</b>		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
<b>3. APPLICANT INFORMATION</b> Legal Name: <b>Neighborhood House of Calexico</b> Organizational Unit: <b>Private Non-Profit Organiz</b> Address (give city, county, state, and zip code): <div style="display: flex; justify-content: space-between;"> <div> <b>506 4TH. St.</b>  <b>Calexico, Calif., 92231</b> </div> <div>           Name and telephone number of person to be contacted on matters involving this application (give area code)  <b>Ricardo Ortega</b>  <b>(760) 357-6875</b> </div> </div>					
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 5 - 1 7 8 2 3 2 4         </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="float: right; border: 1px solid black; padding: 2px;">N</span> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non-Profit org.</u> </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> New      <input checked="" type="checkbox"/> Continuation      <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other (specify):         </div> <div>           C. Increase Duration         </div> </div>			9. NAME OF FEDERAL AGENCY: <b>United States Department of Agriculture</b>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">           1 0 - 7 6 9         </div> TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>Calexico Neighborhood House Micro-Business Support Services</b>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <b>Imperial</b>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date <b>01/01/02</b>	Ending Date <b>12/31/02</b>	a. Applicant <b>52nd</b>		b. Project <b>52nd</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 399,962 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ 6,000 .00				
c. State	\$ .00				
d. Local	\$ .00				
e. Other In kind	\$ 30,000 .00				
f. Program Income	\$ 14,184 .00				
g. Total	\$ 450,146 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
		<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative <b>Ricardo Ortega</b>		b. Title <b>Executive Director</b>		c. Telephone Number <b>(760) 357-6875</b>	
d. Signature of Authorized Representative <i>Ricardo Ortega</i>				e. Date Signed <b>Oct. 31, 2001</b>	

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>August 30, 2002</b>	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: <b>City of Visalia</b> Address (give city, county, state and zip code): <b>707 West Acequia          Visalia, Tulare County          California 93291</b>		Organizational Unit: <b>Visalia Municipal Airport</b> Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Mario Cifuentes II          559-713-4480</b>
--	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 6 0 0 0 4 4 9         </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 0 5px;">C</span> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 50%;">           H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)         </div> </div>
--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div>A. Increase Award    D. Decrease Duration</div> <div>B. Decrease Award    C. Increase Duration</div> </div> Other (specify):	9. NAME OF FEDERAL AGENCY: <b>Federal Aviation Administration</b>
--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2 0 - 1 0 6         </div> TITLE: <b>Airport Improvement Program</b>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>See Page 2 of Standard Form 424</b>
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>County of Tulare</b>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <b>19</b> b. Project <b>21</b>
--	--	---

13. PROPOSED PROJECT: <table style="width:100%;"> <tr> <td style="width: 33%;">Start Date <b>2002</b></td> <td style="width: 33%;">Ending Date <b>2003</b></td> </tr> </table>	Start Date <b>2002</b>	Ending Date <b>2003</b>	15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%; text-align: right;">5,763,600 .00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">640,400 .00</td> </tr> <tr> <td>c. State</td> <td></td> <td style="text-align: right;">0 .00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0 .00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0 .00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0 .00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">6,404,000 .00</td> </tr> </table>	a. Federal	\$	5,763,600 .00	b. Applicant	\$	640,400 .00	c. State		0 .00	d. Local	\$	0 .00	e. Other	\$	0 .00	f. Program Income	\$	0 .00	g. TOTAL	\$	6,404,000 .00
Start Date <b>2002</b>	Ending Date <b>2003</b>																							
a. Federal	\$	5,763,600 .00																						
b. Applicant	\$	640,400 .00																						
c. State		0 .00																						
d. Local	\$	0 .00																						
e. Other	\$	0 .00																						
f. Program Income	\$	0 .00																						
g. TOTAL	\$	6,404,000 .00																						

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>9/5/02</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No
---	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative <b>Mario Cifuentes II</b> Signature of Authorized Representative:	b. Title <b>Airport Superintendent</b>	c. Telephone Number <b>559-713-4480</b> e. Date Signed <b>9.9.02</b>

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED		3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY	
<input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		SEP 16 2002		SEP 16 2002	
5. APPLICANT INFORMATION				6. EMPLOYER IDENTIFICATION (EIN):			
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES				68-0317191			
Address (give city, county, state, and zip code): 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320				Name and telephone number of the person to be contacted on matters involving this application (give area code): ROBIN R HOOK (916) 323-0871			
7. TYPE OF APPLICATION:				7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u>			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision				A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):			
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:				9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.471</u>				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drinking Water Operator Training & Certification Expense Reimbursement			
TITLE: Operator Certification Expense Reimbursement Grants							
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  STATEWIDE							
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES		16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
Start Date 01-01-03		End Date 8-30-08		a. Applicant: 1-45		b. Project: STATEWIDE	
a. Federal		\$ 8,058,720		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:		DATE <u>9/16/02</u>	
b. Applicant		\$		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State		\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local		\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other		\$		<input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO			
f. Program Income		\$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
g. TOTAL		\$ 8,058,720		a. Typed Name of Authorized Representative: David Souleles, M.P.H.		b. Title: Chief Deputy Director Department of Health Services	
				c. Telephone Number (916) 653-9076			
				d. Signature of Authorized Representative		e. Date Signed	

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES			Organizational Unit: DEPARTMENT OF HEALTH SERVICES		
Address (give city, county, state, and zip code): 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320			Name and telephone number of the person to be contacted on matters involving this application (give area code): ROBIN R HOOK (916) 323-0871		
6. EMPLOYER IDENTIFICATION (EIN):  <b>68-0317191</b>			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <b>66.471</b> TITLE: Operator Certification Expense Reimbursement Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Drinking Water Operator Training & Certification Expense Reimbursement		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  STATEWIDE					
13. PROPOSED PROJECT: Start Date 01-01-03 End Date 6-30-08		14. CONGRESSIONAL DISTRICT OF a. Applicant: 1-45 b. Project: STATEWIDE			
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES			
a. Federal \$ 8,058,720		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>9/16/02</u>			
b. Applicant \$		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other \$		<input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO			
f. Program Income \$					
g. TOTAL \$ 8,058,720					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: David Souleles, M.P.H.		b. Title: Chief Deputy Director Department of Health Services		c. Telephone Number (916) 653-9076	
d. Signature of Authorized Representative				e. Date Signed	

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